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ABSTRACT

This training resource book is designed to be used by employees of the Department of Labor, Office of Workers' Compensation Programs (OWCP), for on-the-job training to become certified rehabilitation counselors. The workbook is part of a training program that offers the following: (1) an overview of the programs administered by the Office of Workers' Compensation; (2) an understanding of the District Office Rehabilitation Program; and (3) knowledge of the roles and responsibilities of participants in the Office of Workers' Compensation Program rehabilitation process. The resource book is organized in six units that cover the following: introduction (overview, roles and responsibilities of participants in the rehabilitation process); the vocational rehabilitation process; OWCP rehabilitation forms; OWCP rehabilitation reports; rehabilitation bills and billing; and OWCP contract requirements. Units consist of unit objectives, information sheets, and examples pertaining to the information covered in each unit. An appendix lists OWCP program requirements. (KC)

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UNIT I

INTRODUCTION

UNIT OBJECTIVES

Welcome to the Department of Labor, Office of Workers' Compensation Programs, Regional Office Vocational Rehabilitation Workshop. During the course of your training, we will provide you with:

- An overview of the programs administered by the Office of Workers' Compensation;
- An understanding of the District Office Rehabilitation Program; and
- Knowledge of the roles and responsibilities of participants in the Office of Workers' Compensation Programs rehabilitation process.

A. Overview. The mission of the Office of Workers' Compensation Programs (OWCP) rehabilitation program is to assist injured workers (IWs) covered by the Federal Employees' Compensation Act and the Longshore and Harbor Workers' Compensation Act to return to gainful employment through vocational rehabilitation services. To qualify, the IW must have sustained a permanent disability due to a job-related injury or illness; be in receipt of or be eligible for compensation benefits; and, due to the work-related condition, be prevented from performing the usual and customary job duties.

1. The Federal Employees' Compensation Act (FECA) covers all work-related personal injuries and occupational diseases affecting civilian employees of the Federal Government. About 3,000,000 persons working for Federal agencies are covered by this Act, and about 50,000 receive long term disability payments. Vocational rehabilitation participation under this Act is mandatory, with penalties should an IW refuse services. Both vocational rehabilitation and medical rehabilitation (when authorized by the claims examiner) may be funded. The Act allows for a loss of wage earning capacity (LWEC) benefit which ensures that an IW will not be penalized for accepting a lower paying position due to his or her disability.

2. The Longshore and Harbor Workers' Compensation Act (LHWCA) covers employees working on navigable waters within the U.S., or on adjoining areas where they load, unload, repair or build vessels. About 525,000 employees are covered. Vocational rehabilitation participation under this Act is voluntary. Medical rehabilitation is not provided as a covered expense from the Trust Fund, but must be funded by the employer or insurance carrier. There is no LWEC benefit for injuries covered by a schedule award.

3. OWCP Rehabilitation Specialists (RSs) in field offices throughout the country receive IW case files referred to them for review. These cases, for the most part, involve musculoskeletal problems such as back injuries, lower extremity injuries and upper extremity injuries. Other less common conditions are contact dermatitis, heart disease, lung problems, and psychiatric illnesses. A very small percentage involve catastrophic injuries. Both blue collar and white collar occupations are represented. About 40% of FECA claimants are with the United States Postal Service and another large percentage are with Defense agencies. The RS is responsible for authorizing vocational services for eligible workers.

4. In Fiscal Year 1992, 5,000 FECA cases and 2,500 Longshore cases were referred for evaluation. From these, about 3,000 FECA and 1,000 Longshore cases were selected as being able to benefit from rehabilitation services. Most of these were referred to state or private vocational counselors after an initial interview by a RS or Rehabilitation Counselor-Screener (RC-S). In FY 1992, OWCP successfully rehabilitated 318 Longshore and 1450 FECA injured workers. Most of these were enabled to return to work with their original employers after training, job modification, placement, or other services.

B. Roles and Responsibilities of Participants in the OWCP Rehabilitation Process.

1. The OWCP Rehabilitation Specialist (RS) manages the vocational rehabilitation program in a given geographical area by:

a. Selecting RCs and assigning cases to them with instructions to provide service;

b. Ensuring that plans for reemployment and rehabilitation are promptly developed;

c. Directing RCs according to OWCP policies and procedures to ensure quality, quantity, and timeliness of services;

d. Authorizing appropriate counseling, training, diagnostic services, equipment, and other materials needed to accomplish the rehabilitation goals;

e. Evaluating each RC's performance to ensure that IWs receive good quality rehabilitation services;

f. Developing working relationships with employers to reemploy their IWs;

g. Serving as the district office's expert regarding policy and technical matters related to vocational rehabilitation; advising RCs on issues such as confidentiality and interactions with employers; and appropriately referring or consulting with regional and national offices of OWCP when policy or legal issues arise for which there is no specific guidance;

h. Acting promptly to issue warnings to RCs when contractual violations occur; and

i. Referring questions regarding claims issues to the CE.

2. The FECA Claims Examiner (CE) manages the compensation claim file by:

a. Determining benefit eligibility;

b. Determining accepted medical conditions and work capacities;

c. Determining whether to approve payment for medical services;

d. Computing and approving all compensation payments and benefit rate adjustments;

e. Obtaining an accurate evaluation of the IW's tolerance limitations;

f. Determining whether to approve medical plans and any changes in attending physician, treatment plan, or hospitalization;

g. Identifying cases in need of rehabilitation services and referring them to the RS as quickly as possible;

h. Reviewing rehabilitation reports to ensure that basic entitlement is not compromised and that case management activities proceed according to FECA guidelines;

i. Referring questions regarding vocational rehabilitation to the RS; and

j. Acting promptly to issue warnings or impose sanctions when IWs fail to cooperate with rehabilitation.

3. The LHWCA Claims Examiner manages the compensation claim file by:

a. Monitoring the case to ensure that the disabled worker receives medical benefits and payments from the self-insured employer or insurance carrier;

b. Making recommendations for additional treatment, medical benefits, and payments;

c. Serving as a mediator and making recommendations regarding disputes between the disabled worker and the insurance carrier;

d. Making recommendations to the Regional Director regarding settlement applications;

e. Referring IWs to the RS in cases of prolonged disability;

f. Acting promptly to obtain work tolerance limitation for IWs; and

g. Referring questions regarding vocational rehabilitation to the RS.

4. The previous employer participates by:

a. Advising workers of available compensation benefits;

b. Submitting complete and timely documentation;

c. Placing IWs who are able to resume their customary duties within one year from the first work day lost due to an on-the-job injury (FECA only);

d. According priority placement to IWs who are able to resume their customary duties more than one year after the first work day lost due to an on-the-job injury (FECA only);

e. According priority to IWs who are able to resume their customary duties at any point after the injury or condition of disability (LHWCA only); and

f. Voluntarily offering light or modified duty to IWs who cannot resume their customary duties.

5. OWCP Certified Rehabilitation Counselors participate by:

a. Adhering to the standards in the Rehabilitation Counselor Agreement with OWCP;

b. Providing IWs referred by the RS with comprehensive vocational rehabilitation services, which include:

(1) Assessing the IW's potential for vocational rehabilitation;

(2) Developing and recommending realistic plans in a timely manner consistent with OWCP guidelines, policies, and procedures;

(3) Implementing the plan approved by the RS;

(4) Personally providing counseling and guidance; and

(5) Completing services within prescribed time and cost limits and allowable professional hours.

c. Submitting reports and bills in the approved OWCP format, covering the time periods that the OWCP RS specifies and services that he or she approves, within 15 days of the service provision date(s);

d. Following directions from the RS;

e. Maintaining confidentiality of information; and

f. Advising the OWCP Rehabilitation Specialist immediately when legal issues arise regarding a particular case, such as subpoenas, requests for testimony or for the release of information, or requests for attorney participation in vocational rehabilitation; requesting guidance from the OWCP RS on these matters; and following through on the instructions.

NOTES ON UNIT 1

UNIT II

VOCATIONAL REHABILITATION PROCESS

UNIT OBJECTIVES

- To familiarize the RC with realistic rehabilitation plan development for OWCP Injured Workers, and

- To familiarize the RC with rehabilitation plan implementation for OWCP Injured Workers.

A. Case Referral.

1. The RS refers an injured worker (IW) to a rehabilitation counselor (RC) for services by forwarding the Routine Referral and Award Letter, OWCP-35, which serves as an authorization for the RC to perform services and notifies both the IW and the previous employer of the referral and their responsibilities. The RS will specify the initial status of the case and any special instructions on Form OWCP-3 and Form OWCP-9, which will accompany the referral.

2. The OWCP-35 is valid for two years from the date of approval and authorizes expenditures of up to $5,000 for counseling, guidance, testing and placement services by the RC unless the RS specifies a shorter term or lesser amount. The RC may direct and subcontract for testing or placement services under the OWCP-35 authorization. Services provided by other professionals, medical rehabilitation services, and testing services provided by another examiner and directly billed to OWCP are not covered by the OWCP-35.

3. RC services that fall outside the limitations of the OWCP-35 must be authorized on the Letter of Award to the

OWCP-35 (WP Letter)

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs
Division of Federal Employees' Compensation

District Office Address

Telephone Number

May 11, 1993

File Number: 01-0000001
Employee: CLAIMANT NAME
Employer: EMPLOYER NAME

COUNSELOR NAME
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Dear COUNSELOR NAME:

This letter serves as a referral and authorization to provide counseling, guidance, testing and placement services not to exceed $3,000 or two years from the date of this letter. It also serves as notification that you may refer the employee to the employer and as advice to both parties of their responsibilities in the reemployment process.

POLICY:

The Office of Worker's Compensation Programs (OWCP) is referring the employee to you for development of a possible vocational rehabilitation program. The OWCP is responsible for providing counseling and guidance, and making decisions on issues and benefits to ensure the employee's prompt return to employment. The OWCP-3 form accompanying this referral provides the rehabilitation status, the number of professional hours that you may work in the status, and the length of time. It also gives additional instructions, which you must follow, regarding contact with the attending physician, the previous employer, and other interested parties.

The employee's participation in vocational rehabilitation is compulsory under Section 8113(b) of the Federal Employees' Compensation Act. The Act provides benefits for wage loss if the injured worker must return to a lower paying job.

You are responsible for following the policies and procedures in OWCP's guidelines for rehabilitation services from vocational rehabilitation counselors, the standard in your agreement with OWCP, and the directions of the OWCP Rehabilitation Specialist (RS). The OWCP RS reserves the right to change or terminate your services, when it is in the best interest of the government.

FIRST COPY NAME AND ADDRESS
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

SECOND COPY NAME AND ADDRESS
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

C11

OWCP35-0293 Page 1

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OWCP-35 (WP Letter)

File Number: 01-0000001
Employee: CLAIMANT NAME
Employer: EMPLOYER NAME

INJURED WORKER'S RESPONSIBILITY:

Injured workers are expected to act in good faith during the rehabilitation effort by:

- Seeking and accepting suitable work to continue entitlement to compensation.
- Being realistic and flexible regarding adjustments they may have to make. (Since they will be in lighter jobs, they may have to adapt to changes in hours of work, shifts, payscale, travel required to the job or on the job, promotional prospects, social and physical work environment, and benefits.)
- Providing medical evidence of disability to OWCP if problems arise.

PREVIOUS EMPLOYER'S RESPONSIBILITY:

OWCP has found that rehabilitation through reemployment both reduces the cost of compensation and represents the preference of the injured worker. The employer could be benefiting from the productivity of this employee, who is receiving $99.99 in compensation payments each 28 days. If employment cannot be achieved, the employer's possible compensation cost could be many times this amount over the lifetime of the employee.

If the employer is interested in reemployment, the job offer should be made within 90 days of receipt of medical information from you that demonstrates that the employee is ready for reemployment. The job offered must be within the employee's physical, mental, and emotional abilities. Moreover, the job offer must be written and must include an official position description with specific job duties and any job accommodations made.

COUNSELOR'S RESPONSIBILITY:

You are responsible for providing an initial interview and vocational assessment to identify the employee's skills and abilities. You must have testing done when the employee is not being selectively placed with the employer or placed in a light-duty version of a pre-injury job. Should further medical evaluation or treatment be needed for the work-related disability, contact this office prior to initiating a program. You must either identify the case as infeasible and close it at the earliest possible time, or provide services which produce a realistic, cost-effective and timely program, consider the interests and abilities of the injured worker, and ultimately result in a return to employment. You should explore and, if feasible, develop a realistic training program if lack of transferable skills or the job market prevents a return to work

OWCP35-0293 Page 2

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OWCP-35 (WP Letter)

File Number: 01-0000001
Employee: CLAIMANT NAME
Employer: EMPLOYER NAME

with the employer and the employee would earn significantly less with a new employer without training. You are responsible for monitoring the interested parties and acting to correct breaches in good faith.

PROCEDURES:

In addition to your justification for a status change, other supporting information should be included at various points in the process. This information includes psychological tests and vocational evaluations, written job offers, and training reports. You must wait for my written approval for changes or extensions in rehabilitation status before providing services. I will notify you in writing if I reject your recommendations for goals, plans, and status changes. My approval or rejection will be provided on the form OWCP-3, Injured Workers' Rehabilitation Status Report, for all services. Services over and above this initial authorization must be authorized in advance by Form OWCP-16, Rehabilitation Plan and Award. You may charge the maximum professional hourly rate established by OWCP. You must do the following to ensure that your bill is proper:

- Complete all items on the OWCP bill format.
- Submit the original monthly bill attached to the front of the original report for that period to:

REHABILITATION PAYMENT ADDRESS
000000000000000000000000000000
000000000000000000000000000000
000000000000000000000000000000
000000000000000000000000000000

- Submit a copy of the monthly bill attached to the front of a copy of the report for that period to my attention at:

DEPARTMENT OF LABOR
000000000000000000000000000000
000000000000000000000000000000
000000000000000000000000000000
000000000000000000000000000000

Be sure the word COPY is written on the front page of both the bill and report to avoid delays in the processing of your bill.

OWCP35-0293 Page 3

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OWCP-35 (WP Letter)

File Number: 01-0000001
Employee: CLAIMANT NAME
Employer: EMPLOYER NAME

Enclosed is a summary of case information, Physical Capacities Evaluation (if applicable), and the significant medical report(s) for your official and confidential use.

Sincerely,

NAME OF SIGNER
TITLE

Enclosures

OWCP35-0293 Page 4

OWCP-9 (FECA)

US DEPARTMENT OF LABOR Employment Standards Admin Office of Workers' Compensation	REHABILITATION CASE RECORD OWCP-9 F E C A	1.OWCP No 2.Date of Injury:
I 3. Name (First, Middle Initial, Last) N J		4.Date 1st Response:
D 5. Address (Number, Street, City, State, Zip) R E D		6. Ref'd By/Date:
7. Phone:	8. DOB: (Mo,day,yr) 9. Age:	10. Sex:
W O 11. Military Service Yrs:	Vet Pref:	Type Disch:
R K 12. Marital Status:	13. Children's Ages:	
E R 14. Spouse Working?	15. Ed Level:	16. SSN:
DOCTORS ATTENDING PHYSICIAN	17. Name: 18. Addr:	19. Phone:
VRS REFER SOURCE	20. Name: 22. Date: 23. OK to contact?	21. Phone:
WORKER'S REP	24. Name: 25. Addr:	26. Phone:
BACK-GROUND	27. Comp Rate at referral or 1st Interview $ each 4 wks 28. Employer of record: 29. Job at time of Injury: 30. Salary: $ per yr Industry: N/A	
M E D I C A L	31. Diagnosis: 32. Specific treatment being rendered: 33. Unrelated disability(ies): 34. Medical Comments:	
O W C P	35. Referral Comments: 36. OWCP Rehabilitation Specialist:	37. Date Opened: 37. Open Status:

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OWCP-9 (Longshore)

US DEPARTMENT OF LABOR Employment Standards Admin Office of Workers' Compensation	REHABILITATION CASE RECORD OWCP-9 LONGSHORE		1.OWCP No 2.Date of Injury:
INJURED	3. Name (First, middle initial, last)		4.Carrier Id:
	5. Address (Number, street, city,state, zip)		6. Ref'd By/Date:
	7. Phone:	8. DOB: (Mo,day,YY) / 9. Age:	10. Sex:
	11. Military Service Yrs: / Vet Pref:		Type Dischg:
	12. Marital Status:	13. Children's Ages:	
	14. Spouse Working?	15. Ed Level:	16. SSN:
ATTENDING PHYSICIAN	17. Name: 18. Addr:		19. Phone:
CARRIER (LHWCA)	20. Name: 21. Addr: 23. Cont:		22. Phone:
WORKER'S REP	24. Name: 25. Addr:		26. Phone:
BACK-GROUND	27. Comp Rate at referral or 1st interview $ each 4 wks 28. Employer of record: 29. Job at time of Injury: 30. Salary: $ per yr Industry: N/A		
MEDICAL	31. Diagnosis: 32. Specific treatment being rendered: 33. Unrelated disability(ies): 34. Medical Comments:		
OWCP	35. Referral Comments:		
	36. OWCP Rehabilitation Specialist:	37. Date Opened: 38. Open Status:	

OWCP-3

Injured Worker's Rehabilitation Status Report

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

1. Injured Worker's Name (First, Middle, Last)	2. Date of Injury	3. Carrier's No. (LH/WCA)	4. OWCP No.

5. Check the injured worker's status and status dates. Check special information when required by the status, for closure and as appropriate. Justify each status change or deletion in the comments section.

	STATUS From _____ To _____	SPECIAL INFORMATION
REFERRAL	☐ Early (Check a) ☐ Other (Check a) ☐ Initial Interview Held By OWCP Rehabilitation Specialist (Check d)	☐ a. Date compensation first received _____ ☐ b. Date OWCP-6 or 13 sent _____ ☐ c. Date OWCP-10 or 11 sent _____ ☐ d. Date of initial interview by RS _____ ☐ e. Other (See Comments)
ACTIVE	☐ Plan Development (Check a or b and c) ☐ Medical Rehabilitation ☐ Training (Check d, e, or f) ☐ Self-Employment ☐ Placement-New Employer ☐ Placement-Previous Employer ☐ Employed (Check g) ☐ Service Interrupted ☐ Post-Employment Service	☐ a. Testing required (☐ Yes ☐ No) ☐ b. Testing waived (See Comments) ☐ c. Work evaluation required (☐ Yes ☐ No) ☐ d. Pre-vocational training ☐ e. Vocational training ☐ f. On-the-job training ☐ g. Date employed _____ (See Comments) ☐ h. Reopened (See Comments) ☐ i. Other (See Comments)
CLOSED	☐ Closure Date ☐ Referral (Indicate Reason Code) ☐ Closed Rehabilitated - New Employer ☐ Returned to Work - Referral Screening ☐ Closed Rehabilitated - Previous Employer ☐ Closed Other (Indicate Reason Code) ☐ Closed with Post Employment Services ☐ Returned to Work - Without OWCP Assistance ☐ Returned to Work - With Claims Examiner Assistance ☐ Returned to Work - Assisted Reemployment Program ☐ Returned to Work - Nurse Intervention Program	☐ a. Compensation Terminated ☐ b. Refused Services ☐ c. Not Able to Work ☐ d. Rewrite ☐ e. Settled Case ☐ f. Transferred to Another District Office ☐ g. Other ☐ h. Not Able to Work - Nurse Intervention ☐ i. Not Able to Work - Assisted Reemployment Program ☐ j. Suitable Job Selected - Not Placed

6. Vocational Rehabilitation Counselor (Complete item 6a when referring to a new VRC)

a. Name	b. Professional hours approved for this status (See item 5)

c. The VRC's proposed status is ☐ Accepted ☐ Modified ☐ Rejected (See Comments) ☐ Extended to _____

7. Comments

8. OWCP Rehabilitation Specialist	9. Telephone no.	10. Date

Copy Distribution: WHITE - Carrier/Employer; CANARY - Comp. File; GOLDENROD - Worker/Attorney; GREEN - VR Counselor; PINK - Dist. R-File

Form OWCP-3
Rev. Mar. 1991

June 1993

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Rehabilitation Facility, OWCP-24. This includes counselor services which exceed the OWCP-35 limits, tuition, testing by an outside vendor, books or tools, and so on. Each vendor receives an individual OWCP-24.

4. The Rehabilitation Case Record, Form OWCP-9 summarizes information about the IW and is needed to coordinate planning and implement services.

a. Item #1 will contain the case file number. FECA case file numbers usually begin with a letter. LHWCA case file numbers have no alphabetic prefix. The number preceding the dash designates the OWCP district office where the injury was initially reported. For example:

FECA A1-21006937

LHWCA 1-435987

b. Item #36 will contain specific referral instructions from the RS.

c. For FECA cases, the Form OWCP-9 will specify whether the attending physician may be contacted for additional work tolerance limitation information.

5. FECA Case Management. In newer injury cases, a registered nurse under contract to OWCP may have obtained

clear work limitations from the physician and may have discussed light duty with the previous employer. If the previous employer has explicitly refused to consider reemployment for the IW, the RS will instruct the RC to begin plan development. However, the previous employer may have alternative work available that requires training or job accommodation. Therefore, the RC will usually be instructed to approach the previous employer. In either case, the RC must meet with the IW within 10 days of receiving the referral from OWCP. If the case is referred for placement with the previous employer, the RC must contact the previous employer within 10 days to discuss employment accommodation or a new position. The nurse's reports will inform the RC of previous contacts with the employer.

6. The Work Capacity Evaluation, Form OWCP-5, provides information from the approved physician about the IW's level of recovery and his or her work limitations.

a. If more than one medical report is supplied, the RS will indicate on the OWCP-9 or OWCP-3 which of them contains the work tolerance limitations accepted by OWCP. Only the limitations accepted by OWCP can be

used to determine whether a job or type of work is suitable.

b. The OWCP-9 or OWCP-3 will indicate whether the RC may contact the physicians involved in a rehabilitation case. If permission is not indicated, the RC may not approach a physician for clarification, but should consult the RS. (In FECA cases, where the work limitations on which the rehabilitation effort is to be based may have been set by a "second opinion" or "referee" physician, it may be necessary for the CE to schedule a reexamination of the IW to obtain a current report.)

7. Copies of other current significant medical reports, nurse's reports, psychological testing and other information whenever available will accompany the referral. (OWCP will not pay for general medical evaluations or for any evaluations or treatment for non-work related disabilities, with the exception of weight loss programs or substance abuse treatment under certain circumstances.)

8. While OWCP does not require a written release from the IW before the RS forwards the above documentation, the RC or rehabilitation agency must maintain confidentiality and use

information in the file only for the rehabilitation effort. The RC may provide the IW's duly authorized representative with routine information about the case status, and the attorney may attend an RC's interview with the IW. However, the RC should promptly contact the RS for assistance before responding to any special requests for participation, or when subpoenae, or requests for release of information or testimony are received. Efforts by the IW's attorney to impede the effort should be reported to the RS.

9. Special Rehabilitation Procedures (SRP) cases will be identified on the OWCP-9 in item #36. IW's cases are designated as SRP cases if it is expected that they will have difficulty with motivation, adjustment, training, or placement during the vocational rehabilitation process. In this type of case, serious orthopedic impairments, psychiatric disorders, generally misunderstood disabilities which further handicap the worker such as blindness or epilepsy, serious emotional disturbances, educational deficiencies, or a disadvantaged background can create additional problems for the RC. RCs will have to study and supervise the case more closely, apply special problem resolution skills and provide more comprehensive services to successfully rehabilitate these workers.

The RS may designate the IW's case as an SRP case at any point during the rehabilitation process and will advise the RC of the reasons for doing so. The RC may also recommend the SRP designation in a progress report, giving reasons for the recommendation. Because a majority of OWCP's cases are SRP cases, time frames are designed to allow for these considerations. Exceptions may be made only for extraordinary cases.

B. Placement with the Previous Employer. The RC must contact the previous employer before exploring any other options, unless the RS instructs otherwise.

1. Most IWs prefer placement with their previous employer. Placement with the previous employer has many advantages: it is usually the quickest way to return the IW to duty, it reduces potential salary loss compared to the pre-injury salary, thus reducing or eliminating compensation payments, it preserves the IW's pension and seniority rights and it places the IW in a familiar environment.

2. In FECA cases, there will often have been previous contact with the employer by a registered nurse. The RC should review the nurse's reports to avoid duplicating unsuccessful efforts. The RC should contact the previous employer to explore such approaches as reassignment to different work, job accommodation with special equipment, or training for other work the employer has available.

a. The RC initiates placement action by holding separate initial meetings with the IW and the previous employer's representative (identified on the OWCP-9 form) within 10 days of referral. Support and understanding must be provided to the IW, while the previous employer is offered help in identifying a position or position modification that is suitable for the IW. The RC offers the previous employer support in the form of technical advice, counseling and retraining for the IW. The RC offers to assist the previous employer draft a job description that suits the IW's physical capacities, and through effective counseling, the RC maintains the cooperation and participation of the IW in the process.

b. Placement with the previous employer should not take more than three months (with an additional two months for post-placement follow-up). During this

period, the RC should not use more than 25 professional counseling, guidance, and employer contact hours, while 20 hours are allotted for job finding and 5 hours for follow-up. Reasonable travel and clerical time may be charged in addition to the professional time.

c. Placement with the previous employer in a modified job does not, as a rule, require vocational testing. In FECA cases, the counselor's job is to identify employment possibilities more widely in the agency, and testing may be required. Testing should also be arranged if after 30 days, the agency has not responded to the RC's efforts. It should consist of intelligence, achievement, and vocational interest tests. Also, if questions arise about the IW's skills and abilities or the previous employer suggests a need for training, the RC should discuss an appropriate evaluation with the RS.

d. The previous employer should make a reasonable effort to find or develop a suitable position and to rehire the IW, as well as to honor any vocational rehabilitation agreements existing between his or her agency and OWCP. If, however, there is no reasonable expectation that the agency will hire, or if position development efforts have not progressed after 80 days,

the RC should arrange and hold a final meeting with the previous employer. This meeting should take place before the 90th day in this status. At this meeting the RC will explain that, absent prompt agency action, the OWCP will proceed with plan development which entails further testing, evaluation, and other services.

e. Job offers to FECA IWs must include the job title, a description of the job duties, the specific physical requirements, location, salary and reporting time.

f. When the previous employer does rehire the IW, the RC remains involved in the case during the readjustment period, which usually takes two months and is allotted 10 professional hours. The RC must contact the IW at the end of the first day on the job, at the end of the first and second months, and as often as necessary in between. The RC must also contact the employer at the end of the second month and as often as is necessary in between to monitor readjustment progress.

g. The IW must be flexible when he or she returns to work. Duties, hours, shifts, pay, position location, travel requirements, environment, or fringe benefits may have changed. The employer may also require periodic medical evidence of continuing partial

disability for as long as the IW remains in a modified duty position.

h. Federal workers who have retired and are reemployed by their agencies will be subject to OPM rules regarding credit for the time spent in receipt of FECA benefits when they elect to retire the second time.

C. Plan Development. As soon as it is clear that the previous employer is not actively developing a job offer, plan development begins. (Plan development is the first status if the previous employer has unequivocally refused to hire or if training for a different position with the employer is being considered.) The RC, with the participation of the IW, must develop an alternate plan that meets OWCP guidelines and has as its goal the IW's return to some other full or part-time employment, depending upon any time-limiting work restrictions.

The RS must approve the plan before it goes into effect and reserves the right to either terminate or revise a plan at any time.

1. Plan development may not exceed three months and should not use more than 15 professional counseling, guidance, and employer contact hours. (The RC may add travel and clerical

time to the 15 hour limit.) A request for additional time must be justified by the RC and approved by the RS on the OWCP-3.

2. Vocational testing and evaluation are required in the initial plan development, with the following exceptions: placement with the previous employer, placement with new employers when the position is a light duty version of a previously held position, and medical rehabilitation.

3. Testing may also be waived on request when the placement position requires skills and experience that the IW has already demonstrated. Otherwise, the RC must determine the impact of an injured worker's social environment, intellectual capacity, personality, work history and education on his or her rehabilitation potential. The RC uses transferable skills assessments, work evaluations, vocational testing, work history evaluations and psychological testing to make this determination.

4. Testing will usually consist of intelligence and achievement tests and an interest inventory, and must be performed by a psychologist or certified vocational

evaluator or qualified examiner. Other vocational evaluations, including normed work samples, specialized vocational testing and transferable skills analysis may also be performed if needed. Computerized transferable skills analyses may be obtained if indicated.

5. The RC needs actual test scores, copies of all interpretive reports and copies of outside consultants' reports, and must request these from the provider in addition to the test results summary with specific recommendations.

6. The RC works with the IW to develop a vocational p'an. The RC submits a recommendation based on medical reports, Work Capacity Evaluation (Form OWCP-5), vocational test results, the IW's educational and work history, and extent of wage loss. A concise narrative description of the plan should be contained in the RC's report and should include:

a. Vocational and other test results;

b. A discussion of the proposal that describes:

(1) The responsibilities of the RC, IW, and potential employer both during and after the placement process;

(2) For New Employer and Training Plans, at least

two potential jobs, including job titles; estimated salaries; a statement that the jobs are reasonably available, with supporting documentation; the appropriate nine-digit Dictionary of Occupational Titles (DOT) numbers; and evidence of job openings; and

(3) Cost estimates and a timetable for reaching the vocational goal.

The plan should take advantage, as much as possible, of the IW's talents, interests and skills. The RS will advise the RC if the plan is approved and the OWCP-16 should be completed.

7. FECA IW's need for medical rehabilitation may have been addressed during the early stages of disability by the CE and RN. Any subsequent problems requiring medical attention require CE approval, and should be brought to the attention of the RS and CE immediately by the RC, via telephone and the Rehabilitation Action Report. In Longshore cases not covered by the Special Fund, the employer or carrier may fund medical rehabilitation and the same reporting procedures apply. A physical capacities evaluation may be ordered only if there is no report of physical limitations.

8. Training should strongly be considered whenever the worker lacks marketable skills with earning power comparable to the pre-injury wage.

9. FECA IWs will receive total disability compensation payments from OWCP while in an approved vocational rehabilitation program. Longshore IWs may be paid by the employer or carrier. FECA and LS workers may also be paid up to the respective statutory limits for extra expenses that they actually incur during the course of rehabilitation, such as transportation, lunch, room and board, laundry, baby sitting, or day care (see Unit III).

D. Training Plans. The RC uses a vocational training plan to develop knowledge and skills which will lead to employment, if the worker has no transferable skills, if there will be a wage-earning gap between an IW's previous employment and his or her potential position with a new employer, or if a period of training will enhance the injured worker's employability. For FECA workers, the RC must always consider training first if placement with the previous employer is not possible and there is a substantial disparity between the pre-injury earnings and the jobs available to the worker based on existing knowledge and skills.

1. Vocational training provides organized job skills instruction and uses tutoring, correspondence courses, on-the-job facilities, trade schools, business schools and colleges to accomplish this purpose. The RC can use a vocational training plan where appropriate, regardless of the IW's occupational category, but must make sure that the training objective is compatible with the IW's interests and abilities. The training facility should be carefully selected and there must be a reasonable expectation that the IW can be employed when he or she completes the training plan.

Programs of up to two years are preferable for vocational training in a school setting. Twelve months is the limit of an on-the-job training effort. Most cases will require training of two years or less. However, training of more than two years may be approved if the loss of earning capacity without that training is great or if the disability is severe.

2. A pre-vocational training plan is sometimes needed to help the IW prepare for vocational training, if basic math and literacy skills are lacking, or the IW needs help with resume writing, job interviewing, or study skills and is approvable up to 12 months. Unusual cases will be

considered separately. Job search skills training is limited to one month and cannot consume more than 10 professional hours, while basic math and literacy pre-training can last up to a year with a minimum of one professional contact hour per month during the training period. Job search skills training should be followed immediately by placement. Personal and social adjustment or work adjustment training should be provided for IWs whose separation from the work environment has rendered them unable to cope with the requirements associated with returning to remunerative employment. The RC may recommend up to six months of this training and the RS will determine the number of professional hours to be supplied. For all other training plans, the RS may approve up to one and one-half hours per month of RC contact. The RC should maintain contact of at least one-half hour per month with the IW during approved training programs.

3. Requirements. The type of training plan determines the pre-plan testing requirements and the training period duration.

a. Vocational-Technical Training Plans: Vocational-technical training plans require approved public vocational-technical school testing, work evaluations,

psychological testing, or trial on-the-job training to determine the most suitable type of training for the IW. Vocational or business school courses of instruction should run six months to no more than two years. The RC is required to submit copies of official transcripts and progress reports to the RS, attached to the monthly report, within two months after the end of each grading period.

b. College Training Plans: College training plans require an individually administered test battery, consisting of the WAIS, WRAT, aptitude testing, an interest inventory, and a personality evaluation, to determine the best course of instruction for the injured worker. In addition, the RC will use the specific recommendations of the psychologist or qualified examiner when putting together the college training plan. College courses of instruction will usually not exceed two years. However, longer programs can be approved with adequate justification.

c. Extensions. An IW may be granted an extension, not to exceed one marking period, when necessary due to circumstances outside the IW's control. The RC should request the extension only if approval will ensure completion of the original program within the time

limits of the original plan, plus the one extension. The RC is required to notify the RS by telephone immediately when it becomes apparent that an extension is necessary, and explain the reason(s). The RS, after review of the request and consultation with the claims examiner, will advise the RC and IW on the OWCP-3 form or by memo whether the request is approved. The RC must make the request for extension when it becomes apparent that more time is required. It is not necessary to wait until the prior agreed time limit is at hand. The RC is required to submit copies of all official transcripts and progress reports, attached to the monthly report, within two months after the end of each grading period.

4. The RC works with the IW to develop a training plan and must obtain written approval from the RS before implementing it. Thus, training plans should be submitted to the RS at least four weeks prior to the expected training start date.

(a) The RC must identify at least two jobs that will be suitable for the IW when he or she completes the training plan. Job identifications must include the job titles and DOT numbers, the estimated salaries, rationales explaining why the jobs would be suitable,

and statements that the jobs are reasonably available and open.

(b) The completed training plan should include the Rehabilitation Plan and Award, OWCP-16, and the Letter of Award to the Rehabilitation Facility, OWCP-24. The RC will request these forms from the RS and complete and return them. The RS will use these forms to formally approve the training plan, returning them to the RC along with the Rehabilitation Plan Cover Letter, OWCP-23, which provides instructions for completing the maintenance request, and the OWCP-3 form. If the RS decides not to approve the plan or to modify the plan, he or she will notify the RC on the Injured Worker Rehabilitation Status Report, OWCP-3.

5. Counselor Responsibilities during training. Substantive contacts with the IW during the training period increase the probability of a successful return to work. The RC is required to visit with him or her during the first week of training, at mid-session and three months prior to the training completion date. Additional monthly contacts, required throughout the training period, may be conducted by telephone. Monthly contacts should total a minimum of one half hour but no more than one and one-half hours.

E. Placement with a New Employer. If the pre-injury employer is unable to accommodate the IW, the RC can develop a written plan for placement with a new employer.

1. Requirements.

a. Unless the plan goal is a light duty version of a previously held job or based on transferrable skills acquired through training, the plan must be supported by a complete vocational evaluation: intelligence, interest, and achievement testing by a qualified examiner, and an Individual Placement Plan signed by the IW. A computerized transferable skills analysis is encouraged but not required. The RC may also request an aptitude test and personality evaluation.

b. Individualized Placement Plan (IPP). An Individual Placement Plan consists of the RC's documentation that specified job goals are:

(1) Compatible with the IW's educational and vocational capabilities (suitability); and

(2) That identified job goals are reasonably available in the open labor market.

In addition to the RC's "memo of justification," the IPP also consists of specific obligations and

responsibilities that the IW and the RC agree to as part of the job search agreement. In other words, the IW agrees to take certain actions during job search and the RC also agrees to take certain actions during job search. The IPP specifies that the goal of job search "IS TO RESTORE THE INJURED WORKER TO EMPLOYMENT."

c. In addition, the RC must identify at least two jobs and show that the jobs are available in the community and that there are openings. For these jobs the RC must give job titles, DOT numbers, the jobs' estimated wage, the jobs' estimated physical demands, a statement that the jobs are suitable for the IW and that the Specific Vocational Preparation requirements in the DOT have been met. The RC should give an estimate of the number of professional hours needed to complete the plan and the sources of all job-related information.

SAMPLE

INDIVIDUAL REHABILITATION PLACEMENT PLAN
AND JOB SEARCH PLAN AND AGREEMENT

INJURED WORKER Brenda Doe OWCP NO. 01-000001

JOB GOALS: 1. Library Assistant DOT NO. 249.367-046
2. Voucher Clerk DOT NO. 219.362-066
3. Credit Clerk DOT NO. 205.367-022

GEOGRAPHIC BOUNDARIES: New Castle County

A. IW Brenda Doe
I agree to participate in full time job search activities as follows:

1. I will spend four hours each day in job search activities.
2. I will visit the State Unemployment Office each week.
3. Submit one to three applications daily with a minimum of at least 10 in-person contacts per week.
4. Maintain a daily record of my activities, to include date and method of contact, company name, address, telephone number, name and title of person contacted, type of business, and results.
5. Follow-up on all job leads furnished by the RC.
6. Maintain contact with the RC and submit job search record every two weeks.
7. Provide requested documentation to OWCP and continue to cooperate with OWCP.

B. RC John Roe
I agree to assist injured worker in development of job seeking skills including:

1. Discuss progress with Brenda by telephone on Tues. and Wed. (other times as needed).
2. Contact local employers and other resources to develop job opportunities.
3. Provide at least 10 local job leads in June/July.
4. Follow-up on IW's employer contacts, as necessary.
5. Review and update job search plan with IW as necess.
6. Follow-up with IW for 60 days.

COMMENTS TO JOB SEARCH PLAN AND AGREEMENT

EXCEPTIONS TO JOB PLAN SEARCH AND AGREEMENT

DATE 2-11-93 IW SIGNATURE Brenda Doe

DATE 2-11-93 RC SIGNATURE John Roe

2. Plan Approval. The RC must submit the proposed plan in writing to the RS, who will review and either approve, modify, or deny it. The RS will then notify the RC of his or her decision on Form OWCP-3. If the plan requires funding which exceeds the authorization on the OWCP-35, the RS will also direct the RC to prepare the OWCP-16 and OWCP-24 for signature.

3. Counselor Responsibilities.

a. Up to three months and up to 50 professional hours are allotted for placement with a new employer. The RC should devote at least 65% of the allowable 50 professional hours to job opportunity development (potential employer contact, arranging interviews, etc.) and no more than 35% to guiding and counseling the IW, preferably face-to-face and on a regular basis. The RC should also encourage the IW to conduct his or her own job search activities.

b. The RC must request and justify additional time in writing from the RS, and must have written approval from the RS before exceeding the allowable placement period. The RC should explain why he or she was unable to complete the plan in the hours and time allotted, and specify precisely what will be provided differently

to ensure success if the extension is granted. Prior approval from the RS is required before proceeding.

c. An Individual Placement Plan should be prepared and signed by the RC and the IW. The plan secures the IW's commitment to actively participate and makes the nature of the rehabilitation program clear.

d. The RC will follow up during the readjustment period after placement. Two months and 10 professional hours are allowed for this activity. To the extent possible, the RC will visit with the IW and employer concurrently in order to review progress, offer suggestions to improve adjustments and resolve problems. Contact should occur at the end of the first day back on the job, after the first and second months and as often as necessary in between.

F. Assisted Reemployment. FECA received Congressional authority in FY 1992 to begin a four-year demonstration project in which the agency may reimburse new employers for a portion of the salary paid to an IW for up to three years. Although FECA is permitted to pay up to 75% of the salary in the first year, the total dollars paid to the new employer plus the compensation benefit paid to the IW may not exceed the total disability compensation that would otherwise be paid to the IW in that year.

The Assisted Reemployment project is designed to reemploy workers who are not easy rehabilitation candidates for various reasons. It has been successfully used after other programs failed, but it may be used at an earlier stage if it is clear that it will be hard to place an IW. The RS will identify these cases for the RC and give instructions, or the RC may propose an assisted reemployment in a difficult case. Because OWCP must report to Congress on the effectiveness of the subsidy, these cases are carefully selected and closely watched.

G. Placement in Self-Employment. Some IWs will be good entrepreneurial candidates and others will not. Since starting a business is a high-risk activity, the RC should first carefully evaluate placement opportunities in existing businesses in the community, with and without training. A self-employment plan should be proposed only if it is the best possible alternative, not merely a last resort.

1. The RC may submit (after carefully researching the business venture, discussing it thoroughly with the IW and considering the risks) a written justification and plan for establishing a small business to the RS for approval. The RC should explain how the plan compares with other options for the IW, and explain how it is the best alternative for

reemploying the worker and reducing the loss of earning capacity when compared with retraining and placement options.

2. Complete vocational testing must precede any plan for self-employment, including individually administered WAIS, WRAT, an aptitude test, interest inventory and personality assessment. The examiner should make specific recommendations regarding the IW's suitability for self-employment.

3. Two jobs should be identified which are within the IW's work capacity and are available in the community, as a basis for comparison with the expected results of a self-employment program.

4. The RS will respond on Form OWCP-3, approving, disapproving or modifying the plan.

H. Follow-up After Employment; Post-Employment Services. The RC will advise the RS immediately when the IW accepts a job offer and must provide the name and address of the employer, the job title, the physical demands of the job, the starting date and the salary.

1. The RC's two month follow-up will include contacts with the IW at the end of the first day, first month and second month on the job, as well as contacts with the employer at the end of the second month. Ten hours of professional time are allotted for this activity.

2. The RC may also recommend a training plan, job placement or small business assistance for reemployed IWs who have temporary jobs or have experienced a substantial reduction in their pre-injury earning capacity. (IWs with Longshore coverage who have accepted lump-sum settlements are not eligible for these post-employment services.) Such post-employment services must be completed within two years. OWCP may also offer counseling or other rehabilitation services if an IW has difficulty adjusting to the new job.

I. Medical Rehabilitation.

1. In FECA cases and in Longshore Special Fund cases, OWCP can pay directly for medical rehabilitation services. In other Longshore cases, the employer or carrier may fund medical rehabilitation, if indicated.

2. FECA medical services are authorized by the claims examiner. Newer FECA injury cases will often have been served by a registered nurse who will usually identify the need for medical rehabilitation and provide for it before the IW is referred for vocational rehabilitation. If a need for physical conditioning, work hardening, and so on is identified in a FECA case which has not been medically managed by a nurse, the RC should make the recommendation to the RS, who may obtain the CE's authorization.

3. Medical rehabilitation should be considered early in planning the rehabilitation effort, if it will substantially improve the prospects of a successful return to work. Usually, the benefits of a physical therapy or work hardening program are achieved in six to twelve weeks, and this should be the extent of the plan.

4. OWCP will also consider medical services for FECA IWs who are in need of treatment for abuse of alcohol, drugs or controlled substances. If the RC believes that an IW involved in planning or in an approved program is unable to continue due to such a problem, then he or she must contact the RS immediately by phone to discuss the problem and

recommend appropriate follow-up. OWCP, upon documentation of the problem and the IW's informed consent to cooperate with treatment, may approve and fund a treatment plan. The RC may recommend a particular facility in the local community for a period not to exceed 28 days. The RS, after conferring with the CE, will advise the RC on an OWCP-3 form or memo.

J. Case Closure; Interruption of Services.

1. Problems Impeding Rehabilitation. The IW may report that the need for intensive medical treatment or some other serious problem makes it necessary to suspend rehabilitation. The RC should notify the RS immediately if this occurs, by phone and through the Rehabilitation Action Report. The RS will confer with the CE and advise the RC and IW via the OWCP-3 whether rehabilitation should be interrupted and if so, the approved status, hours approved, length of time, and exact responsibilities of the RC. The RC may not proceed without written response on the OWCP-3. If the rehabilitation effort is expected to resume within six months, the RS may place the case in "interrupted" status; otherwise, the RS may direct the RC to close the case.

If a case is placed in interrupted status, the RC should spend between one and one-and-one-half hours per month counseling the IW.

2. Closed, rehabilitated. A case is closed, rehabilitated when the IW has successfully returned to work and remained on the job for at least 60 days.

3. Closed, Other. A case is also closed if the IW refuses to cooperate with the rehabilitation effort; if the authorized placement, new employer period has been completed; if the RS has determined that he or she cannot be successfully rehabilitated; if the need for additional medical treatment or some other event means that the rehabilitation effort must be suspended for more than six months; or if the IW is no longer eligible for services.

a. The determination to place a case in "closed, other" status can be made at any time during the rehabilitation process.

b. For all FECA IWs who have not been successfully reemployed, and for some Longshore workers, the RS will require certain specific information from the RC when placing the case in a "closed, other" status. The RC should state whether at least two specific jobs,

identified by DOT title and number, are reasonably available in the IW's commuting area and are suitable to the IW's medical status, educational background and vocational preparation. The IW's compensation benefits may be based on this information even if an actual placement was not achieved.

UNIT III

OWCP VOCATIONAL REHABILITATION FORMS

UNIT OBJECTIVE

- To familiarize the RC with the forms that he or she will use to make requests from and exchange information with the RS.

OWCP Rehabilitation Forms. RCs use the Work Capacity Evaluation (Form OWCP-5), the Rehabilitation Plan and Award (Form OWCP-16), the Rehabilitation Maintenance Certificate (Form OWCP-17), the Maintenance Letter to the IW (Form OWCP-18), the Rehabilitation Action Report (Form OWCP-44) and the Letter of Authorization (Form OWCP-24) to make requests from and exchange information with the RS.

A. Work Capacity Evaluation Form (Form OWCP-5). This form will usually be prepared by the attending physician and describes any physical or medical restrictions that limit the IW's activities on the job. It forms the basis for a vocational rehabilitation plan. Under FECA the RS will forward the completed form to the RC at the time of the initial case referral or will instruct the RC to obtain a completed OWCP-5. Under LHWCA, the RC may have to obtain work tolerance limitations independently from the approved physician, and present it to the RS for forwarding to the carrier or employer and claims examiner.

1. For FECA cases, the approved work tolerance limitations or medical report may be from an independent physician acting as referee or providing a second opinion. If so, the RC must accept the report as the basis for planning and should not request additional medical information from the

attending physician. The initial referral materials forwarded by the RS will tell the RC whether the physician may be contacted. If not, and if the IW's work limitations are not clear, the RC should promptly contact the RS for guidance.

2. In other cases, if the form is not available when the case is referred, and the RC is authorized to contact the designated physician by the referral materials, the RC should send an OWCP-5 to that physician and ask that it be completed, and request a narrative medical report. The form should be completed on the basis of an examination in the last six months. If the IW has not seen the attending physician in that period, the worker should be instructed to make an appointment.

3. If the RC has not received the form and narrative medical report in two weeks, he or she must contact the approved physician and try to expedite the process. In some cases, however, these documents may not be forthcoming at all. The RC must then contact the RS immediately and recommend ways in which to proceed.

OWCP-5

Work Restriction Evaluation

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

1. Injured workers' name (First, middle, last) | 2. OWCP No.

Activity Type

3. Check the frequency and number of hours a day the worker is able to do the following specific types of activities.

Activity	Frequency: Continuous	Frequency: Intermittent	Number of hours a day: 0	1	2	3	4	5	6	7	8
a. Sitting											
b. Walking											
c. Lifting											
d. Bending											
e. Squatting											
f. Climbing											
g. Kneeling											
h. Twisting											
i. Stooping											

4. Check the lifting restriction.
☐ 0-10 lbs. ☐ 10-20 lbs. ☐ 20-50 lbs. ☐ 50-75 lbs. ☐ 75 & above lbs.

5a. Hand restrictions? ☐ No ☐ Yes - (Check b, c, and d.)

5b. Simple grasping? ☐ Yes ☐ No

5c. Pushing and pulling? ☐ Yes ☐ No

5d. Fine manipulation? ☐ Yes ☐ No

6. Can the worker reach or work above the shoulder? ☐ Yes ☐ No

7. Can the worker use his/her feet to operate foot controls or for repetitive movement? ☐ Yes ☐ No

8. Can the worker operate a car, truck, crane, tractor, or other type of motor vehicle? ☐ Yes ☐ No

9. Are there sensory, visual, or hearing limitations?
☐ No ☐ Yes - (Describe)

10. Are there restrictions concerning heat, cold, dampness, height, temperature changes, high speed working, or exposure to dust, fumes or gases? ☐ No ☐ Yes - (Describe)

11. Are interpersonal relations affected because of a neuropsychiatric condition?
☐ No ☐ Yes - Describe (Ability to give and take supervision, meet deadlines, etc.)

Recovery Degree

12a. Can the individual work eight hours a day?
☐ Yes ☐ No - (Indicate when)

12b. If not eight hours, how many and when?

13. Do you anticipate the worker will need vocational rehabilitation services such as testing, counseling, training, or placement to return to work? ☐ Yes ☐ No

14. Has the worker reached maximum improvement?
☐ Yes (Indicate when) ☐ No (Indicate when)

Physician

15. Remarks: (Restrictions from medication or other limitations)

16. Name | 17. Signature

18. Address | 19. Telephone No. | 20. Date

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Form OWCP-5
Rev. Nov. 1986

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4. When the RC does receive the Work Capacity Evaluation form and narrative medical report, he or she must send originals to the RS and to the claims examiner in charge of the case.

B. Rehabilitation Plan and Award (Form OWCP-16). This form requests authorization for OWCP approved rehabilitation services that were not covered by the original counselor contract. The RC prepares the Rehabilitation Plan and Award, obtains the IW's signature, and submits it to the RS for approval at least four weeks before expecting to provide the requested rehabilitation services. The Rehabilitation Plan and Award form may request approval for:

1. Services that will be provided after the two year initial service period authorized on Form OWCP-35 expires;
2. Service costs that exceed the amounts authorized in the original contract;
3. OWCP-sponsored training plans;
4. OWCP-sponsored self-employment plans;
5. Equipment purchases; and
6. Other non-RC provided services such as testing, intensive counseling or evaluations performed at vocational workshops.

OWCP-16

Rehabilitation Plan And Award

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

INSTRUCTIONS: Complete items 1 through 13 and send to the Division of Rehabilitation. Attach the rehabilitation request, complete testing or work evaluation information and the justification for the rehabilitation program. No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations. OWCP expressly reserves the right to terminate or revise the plan when it becomes evident that the planned conditions will not be met.

OMB No. 1215-0087
Expires: 07-31-93

1. Name of injured worker (First, middle initial, last)	2. Date of birth (Mo., day, yr.)	3. OWCP No.

4. Address (Number, street, city, state, ZIP Code)

5. Rehabilitation services or program	6. Rehabilitation period (Month, day, year) From to
7. Name and address of rehabilitation facilitator (school, etc.)	8. Is this the complete plan? ☐ Yes ☐ No - Explain
9. Occupation after rehabilitation program	10. Estimated yearly earnings after rehabilitation program $

REHABILITATION COSTS

a. Fees - Specify		c. Other costs - Specify	
_____ $ ____ per ____ x ____ =	$	_____ $ ____ per ____ x ____ =	$
_____ $ ____ per ____ x ____ =		_____ $ ____ per ____ x ____ =	
_____ $ ____ per ____ x ____ =		_____ $ ____ per ____ x ____ =	
_____ $ ____ per ____ x ____ =		_____ $ ____ per ____ x ____ =	
_____ $ ____ per ____ x ____ =			
Do not include amounts previously authorized on OWCP-16.		f. TOTAL OTHER COST	$
b. TOTAL FEE COST	$	g. Tuition $ ____ per ____ x ____ =	$
e. Supplies (Books, tools, etc.)			
_____ $ ____ per ____ x ____ =	$	h. Maintenance $ ____ per ____ x ____ =	$
_____ $ ____ per ____ x ____ =			
d. TOTAL SUPPLIES COST	$	TOTAL REHABILITATION COST	$

12. INJURED WORKER: I understand and approve of the provisions of this plan of services. I believe this plan will help me to get and keep suitable employment and I will cooperate in every way possible to carry out the plan successfully.

Signature Date signed

13. COUNSELOR RECOMMENDING PLAN: A thorough vocational evaluation was performed and employment may reasonably be expected as a result of the implementation of the rehabilitation plan considering the interest and abilities of the injured worker, the competence of the rehabilitation facilitator, and the nature of the job market.

Signature Date signed

FOR OWCP DISTRICT OFFICE USE ONLY BELOW THIS SPACE

14. Date of injury	15. Date of referral to OWCP Rehabilitation	16. Date of referral to Rehabilitation Agency	17. Date of maximum medical recovery

18. Was there a previous plan?
☐ No
☐ Yes-Mark (X) one
☐ Successive to previous plan
☐ Change of previous plan - Enter date _____

19. Payment - This award is payable from the fund created by the following compensation law. Mark (X) one.
☐ Federal Employee's Compensation Act
☐ Longshore and Harbor Workers' Compensation Act
☐ District of Columbia Compensation Act

20. RECOMMENDATION OF OWCP REHABILITATION SPECIALIST: The injured worker meets the eligibility requirements for OWCP rehabilitation services. I have reviewed the rehabilitation plan and find it within the interest and ability of the injured worker. The facilitator is competent to provide the services.

Signature Date signed

21. APPROVAL OF DISTRICT DIRECTOR: I concur with the OWCP rehabilitation specialist, and hereby award the foregoing benefits for payment (1) for the purpose of providing additional compensation for maintenance and/or (2) for the purpose of providing necessary rehabilitation services in connection with a rehabilitation plan.

Signature Date signed

FOR NATIONAL OFFICE USE ONLY

Public Burden Statement

We estimate that it will take on average of 30 minutes to complete this collection of information, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Office of Information Management, U.S. Department of Labor, Room N1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1215-0087), Washington, D.C. 20503.

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Form OWCP-16
Rev. Sept. 1990

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Counselor services already authorized by the Form OWCP-35 should not be included when the Form OWCP-16 is prepared.

C. Rehabilitation Plan Cover Letter (Form OWCP-23). This form contains instructions for completing the Rehabilitation Plan and Award and has a maintenance amount work sheet on the back. The RS may use it as a cover letter transmitting the Rehabilitation Plan and Award form to the RC. The RC and the IW must complete and sign the maintenance amount work sheet, returning it with the Rehabilitation Plan and Award to the RS for approval.

1. The maintenance amount work sheet will determine the IW's maintenance payment, which is calculated using the IW's anticipated expenses during the rehabilitation process.

   a. The current program maximum amounts are $46.15/week or $200 per month for IWs with FECA coverage and $25/week for IWs with LS coverage.

   b. The RC should make sure that mileage reimbursement calculations are based on the current government rate. The RS will have this information available.

OWCP-23 (FRONT)

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs

Dear Counselor:

Re:
File No.:

Enclosed is the 5-part Form OWCP-16 for your completion and return to me. To assist you in its preparation, an example of the completed form is shown on the back of this letter. It should be signed and dated by you and the injured worker, after checking for accuracy. The signature of the injured worker is needed to insure full awareness of, and willingness for full participation toward the achievement of the rehabilitation goal.

The injured worker is entitled to reimbursement for most of the extra expenses while participating in a rehabilitation effort approved by the Office of Workers' Compensation Programs (OWCP). The appropriate information should be completed in the Maintenance Request, also shown on the reverse side of this letter, and returned by the injured worker with the Form OWCP-16. Information concerning the maintenance allowance will be sent directly to the injured worker.

A copy of Form OWCP-16 will be returned to you if the plan is approved by our office. Your plan cannot be approved without an accompanying justification, with the results of thorough vocational testing and evaluation, and maintenance request for training programs.

Maintenance allowance will be paid to the injured worker every four weeks, provided a minimum of average progress and attendance is maintained. The rehabilitation facility is required to provide us with monthly progress reports if they do not report by semester.

Sincerely,

Vocational Rehabilitation Specialist

Enclosure

Ltr. OWCP-23
February 1980

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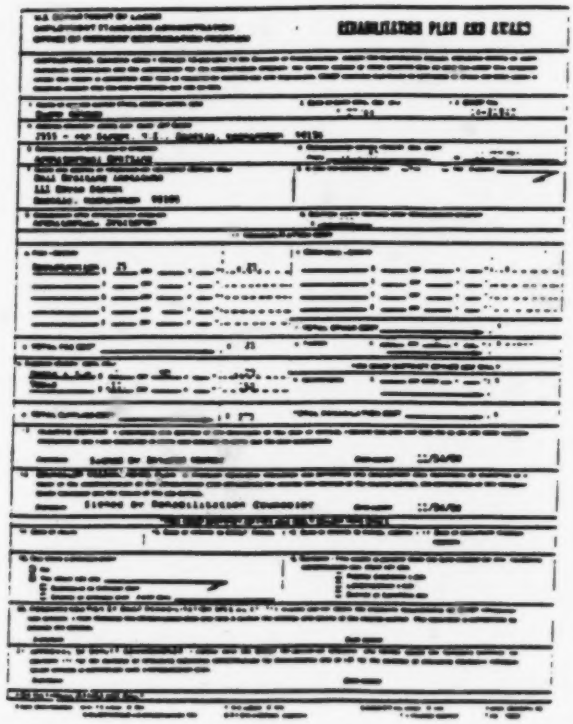
OWCP-23 (BACK)



Maintenance Request

1. Transportation:$_____total per week.
   a. Bus:$_____per roundtrip x_____days per week.
   b. Personal Automobile:___ ¢ per mile x___miles per roundtrip $_____per day x___days a week (justify below). *
   c. Other: (Specify here and justify below)_____.
2. Lunch:$_____total per week.
   I am required to remain at the rehabilitation facility during the day.
   I request $_____per day x___days a week.
3. Other Expenses: (Specify and justify below):$_____total per week
   _____at $_____per day x___days per week.
4. Total maintenance per week requested $_____. **
5. Justification:_____

Signature of Injured Worker Date Signature of Rehabilitation Counselor Date

* The Government Services Administration allows_____¢ per mile for the use of a personal automobile.

** The law allows a maximum of $_____per week for maintenance.

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D. Letter of Authorization to Provide Vocational Rehabilitation Services (Form OWCP-24). This form authorizes vendors to provide rehabilitation services to IWs under the OWCP rehabilitation program. The RC must complete an original and two copies for each vendor and submit them to the RS with a completed OWCP-16 for approval at least three weeks before the anticipated service start date.

1. The Letter of Authorization to Provide Vocational Rehabilitation Services limits services to a specific time, or "program," period. This time period will correspond to the rehabilitation plan's beginning and ending dates that the RC enters on the Rehabilitation Plan and Award.

2. The letter contains billing instructions for the vendor.

OWCP-24

U.S. Department of Labor

Employment Standards Administration
Office of Workers' Compensation Programs

Injured Worker				
Address				
OWCP/Purchase Order No.				
Rehabilitation Service(s)				
Program Period				
Cost Authorized				
For	$	per	X	=$
For	$	per	X	=$
For	$	per	X	=$
For	$	per	X	=$
For	$	per	X	=$

The Office of Workers' Compensation Programs (OWCP) authorizes your facility to provide the injured worker the rehabilitation services described above. Your charges are not to exceed the authorized costs. Please feel free to contact me at the above address or number if you have questions or need additional information. The OWCP will pay you within forty-five days of receiving a proper bill (with a report when applicable).

The following is required when billing OWCP:

1. Include the injured worker's name, OWCP/purchase order number and bill date.
2. List the dates, types and cost of each service or item provided on the bill.
3. Include itemized receipts signed by the injured worker for tools, books and supplies required for the program.
4. Include your Federal tax, employer identification or social security number and inform us if the injured worker receives a grant, scholarship or stipend.
5. Submit separate bills for each injured worker.
6. Send bills monthly, unless you bill by semester.
7. Note that we are exempt from paying tax.

Do the following with the bill for each checked item:

___ 8. Mail the original after writing the words "PROMPT PAYMENT" on the envelope to the following address: Office of Workers' Compensation Programs. _____ _____.

___ 9. Mail the original and a copy to the address in item 8.

___10. Mail a copy after printing the word "COPY" on the bill and report to my attention at the address at the top of this letter.

___11. Enclose a progress report with both the original bill and copy of the bill. Place the bill on top of the report.

Sincerely,

Vocational Rehabilitation Specialist

Copy Distribution: White-Rehab Facility, Yellow-Injured Worker, Pink-Compensation File

Ltr. OWCP-24A
March 1986

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E. Maintenance Letter to the Injured Worker (Form OWCP-18). This form describes the IW's rehabilitation plan. It includes the name of the rehabilitation facility or training institution, an outline of the rehabilitation plan, the plan's beginning and ending dates, attendance and progress requirements and the maximum weekly maintenance payment amount. The RC completes this form and submits it to the RS for an authorizing signature. The RC will include the signed form when sending the Rehabilitation Maintenance Certificate for the first 28-day maintenance period to the IW.

OWCP-18

U.S. DEPARTMENT OF LABOR
Employment Standards Administration
Office of Workers' Compensation Programs

Weekly Allowance
Facility Authorized
Program
Starting Date
Finishing Date

Dear

You will receive the additional compensation for maintenance indicated above while you are actively in the rehabilitation program at the facility indicated above. Maintenance allowance is awarded to pay for the extra expenses you incur while in the program, such as transportation, meals away from home and other expenses. You will receive your maintenance allowance every four weeks and should receive your first check about three weeks after mailing the forms to this office.

You must complete the attached form to receive reimbursement for the extra expenses you incur in your rehabilitation program.

1. PLEASE READ CAREFULLY the instructions on the attached form, before completing the items.
2. Forward within one week, after you receive the form.
3. Complete all required items.
4. The form must be signed by either your rehabilitation counselor or a responsible facility official who can vouch for your attendance.

You must maintain average progress and attendance during your rehabilitation program. Program funding will be suspended if you miss more than five days or make below average progress for two consecutive months.

Best wishes for the successful completion of your program.

Sincerely,

Vocational Rehabilitation Specialist

Attachment

Ltr. OWCP-18
November 1979

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F. Rehabilitation Maintenance Certificate (Form OWCP-17). This form requests maintenance payments for any expenses that the IW incurs as a result of participating in an approved rehabilitation plan. The IW and the RC each complete part of the form, an official of the rehabilitation facility or training institution verifies the IW's attendance, and the RC submits the form to the RS after each 28-day period of approved rehabilitation activities.

1. The RC must prepare his or her portion of the form and send it, along with a self-addressed stamped envelope, to the IW at the end of each 28-day maintenance period.

2. The IW will complete his or her section of the form and deliver it to the rehabilitation facility or training institution, along with the self-addressed stamped envelope, for attendance verification.

3. The rehabilitation facility or training institution will sign the form to verify attendance and return it, using the self-addressed stamped envelope, to the RC.

OWCP-17

OMB No. 1215-0161
Expires 10-31-86

Rehabilitation Maintenance Certificate

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

No monies or benefits can be paid under this program unless this report is completed and filed as required by law (5 U.S.C. 8111 33 U.S.C. 901 as amended and extended). The information collected will be handled and stored in compliance with the Freedom of Information Act, Privacy Act of 1974 and OMB Cir. No. 108. Disclosure of a Social Security number is voluntary. The failure to disclose such number will not result in the denial of any right, benefit or privilege to which you may be entitled. However, the Social Security number does expedite the efficient processing of your claim(s) for reimbursement.

1. Name of Injured Worker (First, middle initial, last)

2. OWCP No.

3. Social Security No.

4. Maintenance Payments Per Week

$

5. Maintenance Pay Period (Month, day, year)
From To

6. Appropriate Act (Mark X)
- Federal Employees Act
- Longshoremen's Act
- District of Columbia Act

PLEASE READ CAREFULLY – Submit an original of this 2-copy form to the Division of Rehabilitation, OWCP. Complete items 7 thru 10. Type or print legibly with ball point pen. All items other than your signature. Your ZIP Code must be included. Then, have an official of your facility certify your attendance by signing items 11 thru 13.

7. Dates Absent From Program (Month, day, year)

8. Reason For Absence(s)

9. Complete Mailing Address (No., St., city, state, ZIP Code)

10. INJURED WORKER – I certify that I participated in the rehabilitation program as prescribed by the Office of Workers' Compensation Programs, and hereby request a maintenance payment for the above period.

Signature

Date Signed

11. Name

12. Title

13. FACILITY OFFICIAL – I certify that the above statements about attendance in items 7 and 8 are true.

Signature

Date signed

FOR OWCP DISTRICT OFFICE USE ONLY BELOW THIS SPACE

14. REMARKS

15. Amount Approved

$

16. District Office No.

17. OWCP REHABILITATION SPECIALIST – I recommend the amount approved be paid to the injured worker.

Signature

Date signed

FOR NATIONAL OFFICE USE ONLY

Copy distribution: WHITE – [illegible] YELLOW – Dist. R. [illegible]

Form OWCP-17
Rev. Oct. 1984

BEST COPY AVAILABLE

4. The RC must calculate and approve the maintenance payment amount, based upon the IW's attendance record, and submit the original and one copy to the RS. The RS completes sections 14 - 18.

a. Payment is authorized for: up to five excused absences (illness, personal business); all regularly scheduled holidays and facility or training institution vacation periods; between-session breaks of up to 10 days; and emergency closings of up to 10 days in each 28-day maintenance cycle.

b. If the IW exceeds the number of authorized absences, the RC must reduce the maintenance payment by determining the daily maintenance rate, multiplying that figure by the number of excessive absences, and subtracting the result from the authorized maintenance amount.

G. The Rehabilitation Action Report (OWCP-44).

The RC uses the Rehabilitation Action Report to communicate with the RS and CE about specific problems which require action by OWCP. In most instances where this report is used, the RC should also telephone the RS to offer suggestions and develop short range solutions. The report is used by OWCP to trigger prompt claims examiner action when certain issues arise, and ensure that the rehabilitation plan is not delayed. A Rehabilitation Action Report must be sent within two work days if:

1. The IW fails to appear at a scheduled meeting, fails to carry out agreed-upon actions or otherwise obstructs rehabilitation efforts.

2. The agency is causing unnecessary delays in an otherwise viable reemployment efforts.

3. The medical situation appears to have changed significantly or the IW alleges that it has, delaying rehabilitation progress.

4. A job offer is made, refused or accepted.

OWCP-44

REHABILITATION ACTION REPORT

US DEPARTMENT OF LABOR
EMPLOYMENT STANDARDS ADMINISTRATION
OFFICE OF WORKERS' COMPENSATION PROGRAMS

1. Name of injured worker	2. OWCP file number	3. Date wage loss began
4. Date rehabilitation case opened	5. Current rehabilitation status	6. Date rehabilitation status began

7. Action item (Documents describing each item are attached or complete information regarding each item is provided under 8)

- ☐ Job offered, description attached (J).
- ☐ Job accepted/RTW (A).
- ☐ Job refused (R).
- ☐ Change in medical status (M).
- ☐ Claimant obstruction: claimant does not appear at scheduled meetings, fails to carry out agreed upon actions (O).

8. Comments

9. RC's name (Please print)	10. Certification number	11. Date

12. Attachments

Clearance Pending

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UNIT IV

OWCP REHABILITATION REPORTS

UNIT OBJECTIVE

- To familiarize the RC with OWCP rehabilitation reports and reporting procedures.

A. Progress Reports. The RC uses the progress report to communicate with the RS about a rehabilitation plan. The initial report is due in the district office no later than 15 days after the end of the first month of service regardless of status. Thereafter, reports are due monthly or bimonthly (as required by the RS, based on regional policy) in the district no later than 15 days after the service period ends. The original is sent to the bill authorizer (according to the regional practice) and one copy is sent to the RS. The RC must file a report even when there is no rehabilitation activity during the service period.

1. The narrative should be objective, concise and professional in tone, without technical jargon or specialized terminology.

2. Reports should build on one another as the rehabilitation effort proceeds, avoiding repetition and focusing on new information from one service period to the next.

3. Progress reports must contain a description of short and long range goals for the IW which are in accord with the

overall rehabilitation plan. They must also contain tentative timetables for achieving these goals.

4. Reports of job offers from previous employers to IWs with FECA coverage must include the job title, position description, specific job duties, salary or wages, work schedule, the job's physical requirements, and any job modifications that the employer makes to accommodate the IW's physical capacities.

5. Reports of job offers from employers to LHWCA IWs should include the job title, salary or wages, work schedule and, whenever possible, the job description.

B. The Report Format. OWCP has developed a standard report format, consisting of 10 sections, for the RC to use. It incorporates all of the elements that OWCP uses to evaluate the effectiveness of a rehabilitation program and makes the RS's review and analysis task easier.

1. Identifying Information. This section contains the RC's name, address and telephone number, IW's name, OWCP number and address, and the service period (the beginning and ending dates of the monthly or bi-monthly reporting period).

2. Rehabilitation Status. This section contains the case rehabilitation status: Plan Development; Placement, Previous Employer; Placement, New Employer; Training; Self-Employed; Interrupted, etc.

3. Actions/Responses Required. This section is completed if the RC is submitting a plan for approval, requesting a change or extension of status, reporting non-cooperation on the IW's part, or reporting a job offer. It highlights the fact that a response or authorization is needed promptly from the RS (or CE).

4. Summary of Contacts. This section contains a concise chronological summary of the RC's significant contact activities with the IW, potential employers or any other interested party during the service period. Each contact description in the summary should be brief and need not be in narrative form. It must, however, include the date of contact, identity of the party or parties, information relevant to the rehabilitation process, and the amount of professional time expended.

a. A contact must last at least 15 minutes to be considered significant, with some exceptions.

b. The RC must list certain types of contacts individually regardless of their duration:

(1) the RC must summarize all job interviews and indicate the Dictionary of Occupational Titles (DOT) job title and job number;

(2) the RC must summarize all job offers and indicate whether the job duties fall within the IW's limitations; and

(3) the RC must list all contacts with potential employers and indicate the employer's name and address, the type of contact (telephone or visit) and the result.

The following examples of contact summary entries are provided as a guideline.

- 6/4/90 Met with Mr. Smith to review and edit job resume. The resume looks good and Mr. Smith is anxious to return to work. .75 hours.

- 6/5/90 Met with Mr. Smith and Ms. Greg of Price's Heating and Air Conditioning Co., Arlington, Va. They have an opening for a salesperson (D.O.T. #271.357-010) with Mr. Smith's experience. Salary: $6-$7/hour. Job requires some lifting of supplies. Job offer contingent on medical clearance. Ms. Greg provided copy of job description. 1.5 hours.

- 6/5/90 Call to RS. RS intervened with CE who gave permission to call Dr. Jacob. Discussed job requirements re: Mr. Smith's work restrictions. Dr. Jacob advised Mr. Smith should not have a problem with job. .10 hours.

5. Progress Delays/Actions Taken. This section contains a brief summary of any problems that are impeding

rehabilitation progress and a description of any action that the RC takes to resolve them. (The section should not repeat information reported elsewhere.) The RC must, however, call the RS and make recommendations for corrective action at the time a problem arises. Problem resolution is a joint venture between the RS and the RC; the RS will guide and advise the RC as the problem is resolved.
(For some problems requiring FECA CE attention, a Rehabilitation Action Report is required; see Unit III.)

6. Probability of Success. In this section, the RC reports any changes in or new information related to the probability that the IW will successfully complete the rehabilitation plan. The RC may report "No Change" when the probability remains the same as it was after the previous reporting period.

7. Short and Long Term Goals. This section details the short and long term rehabilitation goals which are in accord with the overall plan, assigns time frames for their completion, and briefly summarizes the vocational activities that the RC has planned for the next reporting period in order to achieve these goals.

8. Justifications. In this section, the RC gives reasons and explanations for any new recommendations, such as a change in the short or long range goal, direction or status of a rehabilitation plan, and for time and funding increases that exceed the original plan allowances. Any plan change or time or funding increase is subject to RS approval. A change to Placement, New Employer or Training must have written approval from the RS.

a. Certain plan changes require specific information. Justifications for a status change to "Placement, New Employer" or "Training" must include:

(1) a vocational evaluation with transferrable skills analysis;

(2) a testing report (unless the RS waives for placement);

(3) DOT titles and numbers for at least two jobs;

(4) job salaries;

(5) a revised rehabilitation plan;

(6) a written statement from the RC that the proposed jobs are reasonably available and accessible to the IW, giving the basis for that judgement;

(7) descriptions of the jobs' physical requirements; and

(8) a written statement that the jobs accommodate the IW's physical limitations.

b. If the RC recommends closure without completing the rehabilitation plan, the reasons justifying the recommendation must be given in this section. The RC may recommend closure because the job market, the IW's medical condition, or his or her refusal to cooperate in the rehabilitation effort precludes successful rehabilitation. If the RC recommends closure before testing is completed, or when testing indicates placement is possible, reasons must be given in this section.

c. When the vocational evaluation and local job market survey indicate that the IW is employable, the written justification for closure must include:

(1) the reason for the closure recommendation;

(2) DOT titles and numbers for at least two jobs that are medically suitable and reasonably available in the commuting area;

(3) the job salaries;

(4) a statement that the jobs are reasonably available in the commuting area;

(5) a description of the jobs' physical demands;

(6) a statement explaining how the IW meets the Specific Vocational Preparation (SVP) requirements for each job; and

(7) a statement as to the source of this job information. For FECA cases, the RC must make a separate statement concerning the source of job information. Mention of local employer contacts in previous portions of the report does not satisfy this requirement. (See suggested format in the appendix.)

Note that wage data may not be based on employment where earnings are limited to gratuities, "sheltered workshop" employment, casual employment, "commission only" employment, employment requiring a license the IW possess, government employment (those positions requiring a civil service examination), or rare or unusual employment that is not reasonably available in the wage-earning capacity calculation.

d. If the RC recommends purchase of equipment for the IW to support the rehabilitation plan, the justification for purchase must be given in this section. Whether purchase or rental is more cost-effective must be considered. The RC will request approval from the RS for equipment purchases with the Rehabilitation Plan and Award, OWCP-16, and the Letter of Authorization to Provide Vocational Rehabilitation Services, OWCP-24. The RC will also solicit quotations on approved equipment purchases:

(1) When the total price is less than $1,000 the RC may solicit quotations and purchase without a competitive bidding procedure.

(2) When the total price ranges between $1,000 and $10,000, the RC should consult the RS. For purchases under $10,000, the government may have a contractual mechanism in place, otherwise quotations must be solicited from three vendors. For purchases of $10,000 or more, the RS will consult the DD to ensure that Federal Acquisition Regulations are followed.

(3) The RC must explain in writing in this section the reasons why the equipment is

necessary. If the RC obtained quotations, the report should state why the proposed vendor is recommended (particularly when that vendor did not present the lowest bid); the names and addresses of all vendors who bid on the purchase; the quotation amounts from these vendors; and the date that any telephone quotations were received.

(4) The RC must also establish equipment ownership and report equipment delivery in this section of the progress report. IW will own items costing $5,000 or less at time of purchase. Items costing more than $5,000 remain the property of OWCP until the rehabilitation program is completed and the IW is reemployed. At that time, if the worker needs the equipment to remain employed, it may become the worker's property. When the equipment is delivered, the RC must indicate the date of delivery and the equipment's physical location in the justification section of the next progress report.

8. Rehabilitation costs: This section contains the rehabilitation costs in the following format:

$____FOR CURRENT STATUS. $____TOTAL COSTS TO DATE.

9. Professional Hours: This section contains the number of professional hours in the following format:

____FOR CURRENT STATUS. ____TOTAL HOURS TO DATE.

10. Signature: This section contains the RC's signature and OWCP certification number in the following format:

COUNSELOR'S NAME _____

OWCP CERTIFICATION NUMBER _____

UNIT V

REHABILITATION BILLS AND BILLING

UNIT OBJECTIVE

- To familiarize the RC with OWCP bills and billing procedures.

A. OWCP Bills. The Prompt Payment Act requires OWCP to pay bills for authorized rehabilitation services within 30 days of receipt. A bill which is judged to be non-payable must be returned within seven days. OWCP has, therefore, developed a standard format for bills that simplifies processing and expedites payment. All RC bills for services must include the following items (as appropriate) and must never show that the RC advanced funds to the IW for an expense without the RS's approval, or they will be returned unpaid.

1. Identifying Information. This consists of the payee's name and address; the IW's name and address; the billing date; the OWCP purchase or case number; and the payee's Federal Tax Identification Number, Employer Identification or Social Security number.

2. A Listing of Authorized Services for Each Rehabilitation Program. This consists of the date, type, and cost of each service listed in chronological order on the bill.

a. The following are OWCP authorized rehabilitation services:

Service	Rate
Injured worker counseling	Professional
Previous employer contact	Professional
New employer contact	Professional
Report writing (drafting)	Professional
Other contact	Professional
Testing	Professional/Actual
Clerical work	Non-professional
Travel (Not to exceed eight hours if it involves an over-night trip for OWCP)	Non-professional
Waiting (Not to exceed thirty minutes)	Non-professional
Telephone (Long distance)	Actual
Mileage	Current GSA rate (supplied by RS)
Supplies (for the IW)	Actual
Tuition	Amount authorized
Books	Amount authorized
Fees	Amount authorized

b. The RC must get approval for his or her professional rate from the RS.

c. The non-professional rate cannot exceed one-half of the approved professional rate.

d. Time charges will reflect the actual amount of time it took to provide the service to the nearest tenth of an hour. The following table converts minutes into hour equivalents.

Minutes	Hour Equivalent
6	.1
12	.2
18	.3
24	.4
30	.5
36	.6
42	.7
48	.8
54	.9
60	1.0

e. The RC should not bill for attempted telephone contacts, local telephone calls or file reviews. Sales

tax should only be billed when it is reimbursable to the IW.

f. The RC should prorate all bills that involve more than one IW.

3. Itemized receipts. These consist of receipts for tools, books and supplies. The RC must obtain the IW's signature on the itemized receipts before billing OWCP.

4. The case's current rehabilitation status. This consists of the IW's current case rehabilitation status (see Unit II above) written in the upper right portion of the bill.

5. A current progress report: All bills must accompany a current progress report.

6. The RC's signature and OWCP certification number.

B. Billing Procedures. Billing periods correspond to the progress report service periods (either one month or two months: see Unit IV above) and never overlap from one calendar year to the next. A bill must not contain charges for services that fall

outside the billing period or for unpaid balances from prior billing periods, including charges for long distance telephone calls. The RC must submit the bill with the progress report. OWCP will not accept bills that arrive without progress reports.

1. At the end of the billing period, the RC will prepare a bill for each injured worker in duplicate.

2. The duplicate bill and a copy of the progress report should be marked with the word "COPY," the envelope should be marked with "Do Not Open in Mailroom," and the package should be sent to the RS to be received no later than 15 days after the service period ends. (The first 30 day report is due on the 45th day from the date the case was received.)

3. The original bill should be attached to the top of the original progress report, the envelope should be marked "Prompt Payment," and the package should be sent to the OWCP bill paying section.

C. Addresses for Bill Submissions to the Office of Workers' Compensation Programs.

1. Original Bill and Report.

LHWCA INJURED WORKERS	FECA INJURED WORKERS
(District Office ____)	(District Office ____)

2. Duplicate Bill and Report (Including Originals of any Forms OWCP-16 or OWCP-24).

LHWCA INJURED WORKERS	FECA INJURED WORKERS
(District Office ____)	(District Office ____)

UNIT VI

OWCP CONTRACTUAL REQUIREMENTS

UNIT OBJECTIVES

- To familiarize the RC with the OWCP Rehabilitation Counselor Agreement.

- To familiarize the RC with OWCP's Warning and Termination Procedures.

A. The Rehabilitation Counselor Agreement with OWCP (OWCP-36).

Rehabilitation Counselor Agreement
With OWCP

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

I agree with certain OWCP standards listed below. I understand that my certification to receive referrals from OWCP will be terminated if I do not comply with these standards.

1. Accept a new referral from OWCP only when I can provide the quality, quantity and timeliness of services established by the OWCP Guidelines.
2. Contact only those interested parties specified by OWCP.
3. Actively provide rehabilitation services with the injured worker in an uninterrupted and timely manner. This will result in the injured worker being either:
   - Identified as infeasible and the case closed at the earliest practicable time; or
   - Receiving services that will ultimately result in placement.
4. Suspend services and contact the OWCP rehabilitation specialist by telephone immediately to provide alternative recommendations and for guidance, when a problem develops that interrupts the rehabilitation process. Problems include failure to participate, failure to respond, lost contact, not interested, unrealistic plan, medical deterioration, etc.
5. Provide the required testing and evaluation before developing a rehabilitation plan with the injured worker.
6. * Thoroughly analyze and develop a rehabilitation plan on the following basis:
   - Injured Worker's active participation and agreement.
   - Injured Worker's medical and work restrictions.
   - Injured Worker's vocational test results (when required).
   - Previous employer's available jobs (as a first consideration).
   - Jobs that are reasonably available.
   - Training plans that are short term (two year limits).
   - Community Resources that are available and that are fully used.
   - OWCP's and related systems' needs and functions (are understood and integrated).
7. Contact all prospective employers prior to sending the injured worker for a job interview, to establish that the job is within the physical, emotional, intellectual, financial, and social capabilities of the injured worker; and there is realistic potential for placement.
8. Identify and deal with potential problems and report these timely to the rehabilitation specialist.
9. * Only make commitments based on the written approval of the rehabilitation specialist.
10. * Be responsive to the direction of the rehabilitation specialist.
11. Complete services within the prescribed and authorized time frames and professional hours.
12. Submit a written report no more than 15 days from the end of each reporting period (monthly or bi-monthly) service is provided.
13. Submit bills for each reporting period, that contain the date, types of authorized services, time for each service, and cost of each service provided each day during the service period. Bills will be accurate, complete and within the time frames, format and cases authorized, rounded off to a maximum of a tenth of an hour. Submit a report with each bill. Non-professional time will be half the rate for professional time.
14. * Send bills and reports that reflect services actually provided.
15. * * For purposes of the Privacy Act of 1974 (PA) I am considered an employee of OWCP, and must maintain the confidentiality of records and comply with all other requirements of the PA, and agency rules issued under the PA. (Immediate termination by OWCP will be the result, and I may be subject to civil or criminal penalties of the PA.)
16. * * Not falsify any documents developed in connection with OWCP work (immediate termination by OWCP will be the result and if OWCP payments were made I may be subject to prosecution under Federal or State Law.)

Standards

17. Rehabilitation Counselor: This agreement is subject to 48 CFR 52.249-6 for default and 48 CFR 52.233-1 for disputes.

Signature Date

Rehabilitation Counselor

18. Name (Print - first, middle, last)	19. Agency	20. Certification Number

21. Home Address (Number, street, city, state, Zip code)

Copy Distribution: White - RC Yellow - Dist. RC File Form OWCP-36
Rev. Oct 1990

BEST COPY AVAILABLE

B. Warning and Termination Procedures. The Rehabilitation Counselor Agreement with OWCP (OWCP-36) identifies the standards that govern the RC's relationship with OWCP. The RS will document violations of these standards and, depending on the standard, take various disciplinary actions that can include Agreement termination.

1. If the standard is not marked with an "*" on the Rehabilitation Counselor Agreement with OWCP (OWCP-36) the RS will:

a. Issue verbal warnings to the RC after the first and after the second violation;

b. Issue written warnings to the RC after the second two violations; and

c. Terminate the RC's working relationship with OWCP after the fifth violation.

2. If the standard is marked with an "*" on the Rehabilitation Counselor Agreement with OWCP (OWCP-36), the RS will:

a. Issue a written warning after each of the first two violations; and

b. Terminate the RC's working relationship with OWCP after the third violation.

3. Standards 15 and 16 have special importance. Any violation of these standards will result in the RC's immediate termination.

4. Performance that is violation-free for a period of twelve months automatically cancels any previous warnings that the RS issued to the RC.

C. Appeal Rights. The RC's reconsideration and appeal rights are explained in the RC Termination Letter (OWCP-50). If the RC disagrees with the termination, he or she may first request a reconsideration within thirty (30) days after receiving the termination letter and may present new evidence to the OWCP Regional Director, who will issue a reconsideration decision. If the reconsideration decision is also unfavorable, the RC may, within thirty (30) days after receiving notice of the reconsideration decision, appeal to the Director, Division of Planning, Policy and Standards, who will issue a decision within ninety (90) days after the appeal is filed based upon the record as it stands.

D. Option Year Determinations. OWCP generally contracts with individual RCs for two years, with the possibility of three one-year renewals. At the end of the two-year contract, and at the

end of each option year, the RS will review the region's needs in each geographic area in the region's jurisdiction and determine whether to extend the contracts of some or all RCs. A decision not to renew some contracts will be based on OWCP's need for services in the area, and on the performance of the certified RCs.

OWCP REHABILITATION PROGRAM REQUIREMENTS

REHABILITATION STATUS	MAXIMUM TIMEFRAMES	REQUIREMENTS FOR APPROVAL
Placement, Previous Employer*	25 Hours/3 Months**	Vocational Evaluation
Plan Development	15 hours/3 months	N/A
Placement, New Employer	50 Hours/3 Months	2 Job Titles and DOT #s Estimated salary Reasonable availability and suitability statement Estimated months and hours to complete program Testing Vocational Evaluation
Post-Placement Followup	10 hours/2 Months	

* Testing is not required for a Placement, New Employer plan when a light duty version of a previous position is the goal.

** In FECA early referral cases, testing and evaluation should begin after one month if previous employer is unwilling to discuss reemployment.

Training	0.5 up to 1.5 hours per month	OWCP-16, 24, 23 and 18**
		2 Job titles and DOT #s
		Estimated salary
		Reasonable availability and suitability statement
		Estimated months and hours to complete program
		Testing
Interrupted	As required up to 1.5 hours per month	Narrative justification
Medical Rehabilitation		3-6 months
Self-Employment	18 hours/12 months	2 alternative job titles
		Testing
Employed Follow-up	10 hours/2 months	
Post-Employment Services	2 years	
Closure		

** The RC should send the originals of completed forms to the RS with the copy of the monthly report and bill. Copies of forms are not necessary for the package that goes to the Bill Payment section.

NOTES